

Common-Ownership Enrollment Form

Please follow these instructions to enter multiple facilities as a single common-ownership group.

- 1) Identify all facilities that you would like to include in a single common-ownership group.
- 2) Fill out only one Common-Ownership Enrollment Form for all of the facilities that are to be entered in a single common-ownership group.
- 3) Fill out the reverse side of this form completely. The Account Number may be found at the top of the General Lottery Enrollment Card or Page 1 of your CILCO electric bill.
- 4) Add the Standard Industrial Classification (SIC) code for each account that you list.
- 5) **Do not** send in General Lottery Enrollment Cards for facilities that you wish to have entered into the Common-Ownership Lottery.
- 6) Attach additional pages to this form if you have more than 20 accounts or establishments to enter into one common-ownership lottery group.
- 7) Mail this form in the enclosed postage-paid envelope or:
**FAX the reverse side of this form to:
ATTN RATES & REGULATORY AFFAIRS
309.677.5262**
- 8) Please call 1.888.615.2926 if you need assistance completing this form.

Common-Ownership Enrollment Form

Please place a ✓ in all boxes that apply:

☐ Please enter the accounts (facilities or establishments) listed below in the Common-Ownership Lottery. If selected, I understand that I will have the ability to choose my electric generation supplier, with service beginning in October 1999. Additionally, I understand that if these accounts are chosen in the lottery I have no obligation to switch suppliers and may choose to remain with CILCO.

☐ I authorize CILCO to release my name and address, if I am eligible for electric choice, to Alternative Retail Energy Suppliers and others who request the information.

☐ I authorize CILCO to release my rate classification, if I am eligible for electric choice, to Alternative Retail Energy Suppliers and others who request the information.

	Account Number	Service Address	SIC Code
1			
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Contact Information

Business Name _____ Phone Number () _____

Mailing Address _____

Mailing City, State, Zip _____

Signature _____ Date _____

Please print name _____

Enrollment forms must be postmarked by June 15, 1999.